

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013508

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1092

FILED APR 16 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ellisville</b>	a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Sanitarium</b>		d. STREET ADDRESS <b>Box #487 Clayton Road</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>OLIVER</b>	Middle <b>B.</b>	Last <b>HENRY</b>	Month <b>April</b> Day <b>5</b> Year <b>1962</b>
5. SEX <b>ma le</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-6-1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCK BROKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	9. AGE (last birthday) <b>74</b>
11. BIRTHPLACE (City and state or country) <b>ST Louis MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>M. HENRY</b>		13b. MOTHER'S MAIDEN NAME <b>ADELIA BARRON</b>	
14. NAME OF HUSBAND OR WIFE <b>HELEN D. HENRY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT Address <b>B. V. Butch 725 Cranbrook U.City, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>12 HOURS</b>
IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <b>Generalized Atherosclerosis</b>		
DUE TO (c) <b>—</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Atherosclerotic Heart Disease; Diabetes Mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <b>—</b> a.m. <b>—</b> p.m. <b>—</b>	Month, Day, Year <b>—</b>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>MARCH, 1962</b> to <b>APRIL, 1962</b> and last saw her/him alive on <b>APRIL 4, 1962</b>	
Death occurred at <b>12:15</b> A m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>Joseph J. Lupton, M.D.</b> (Degree or title)	22b. ADDRESS <b>11745 Olive St. Rd.</b>	22c. DATE SIGNED <b>4-5-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4/7/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET PARK</b>	23d. LOCATION (City, town, or county) <b>ST LOUIS Co. Mo.</b> (State)
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24. FUNERAL DIRECTOR <b>C.R. Lupton and sons 7233 Delmar Blvd</b>	25. DATE RECD. BY LOCAL REG. <b>4-5-62</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Henry

County

Dr. Joseph Lauber

Creve Coeur Medical Center

He-2-2071

11-12-2-4

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

ALL FILLED EGGS AND BGS NOT TO BE